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DATE: September 14, 2006

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TO: Examiner Richard R. Shaffer
 COMPANY: Group Art Unit 3733

FAX NUMBER: 571-273-8300
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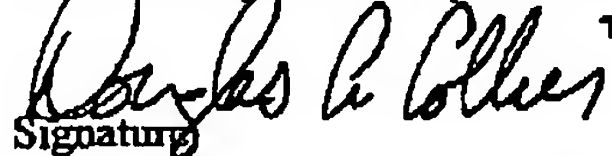
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RE: Response to Office Action for U.S. Patent Application No. 10/631,241 to J. Kenneth Burkus, et al.

COMMENTS: I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office at 571-273-8300 on:

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 SUITE 2800
 INDIANAPOLIS, IN 46204
 TELEPHONE-(317) 636-4341
 FAX-(317) 636-1507

KRIEG DEVAULT LLP
 12800 N MERIDIAN STREET
 SUITE 300
 CARMEL, IN 46032
 TELEPHONE-(317) 566-1110
 FAX-(317) 636-1507

KRIEG DEVAULT GALVIN
 LLP
 5231 HOHMAN STREET
 HAMMOND, IN 46320
 TELEPHONE-(219) 933-0380
 FAX-(219) 933-0471

KRIEG DEVAULT LUNDY
 LLP
 825 ANTHONY WAYNE
 BUILDING
 203 EAST BERRY STREET
 FT. WAYNE, IN 46802
 TELEPHONE-(260) 422-1534
 FAX-(260) 423-1590

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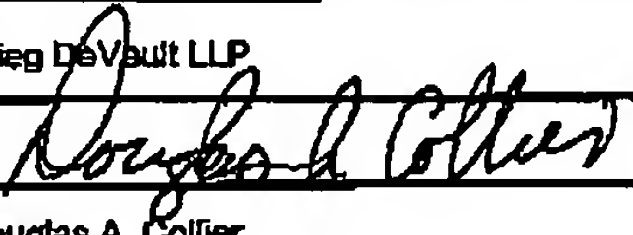
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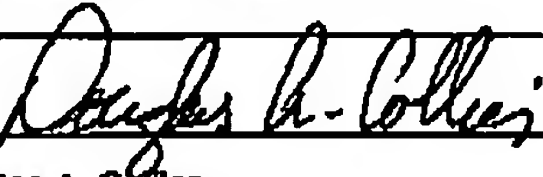
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/631,241	
	Filing Date	July 31, 2003	
	First Named Inventor	J. Kenneth Burkus, et al.	
	Art Unit	3733	
	Examiner Name	Richard R. Shaffer	
Total Number of Pages in This Submission	15	Attorney Docket Number	MSDI-132/PC361.16

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Krieg DeVault LLP	
Signature		
Printed name	Douglas A. Collier	
Date	September 14, 2006	Reg. No. 43,556

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Douglas A. Collier	Date	September 14, 2006

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 350.00

Complete If Known

Application Number	10/631,241
Filing Date	July 31, 2003
First Named Inventor	J. Kenneth Burkus, et al.
Examiner Name	Richard R. Shaffer
Art Unit	3733
Attorney Docket No.	MSDI-132/PC361.16

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
26	- 20 or HP = 3	x 50.00	= 150.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 1	x 200.00	= 200.00

HP = highest number of independent claims paid for, if greater than 3.

Small Entity Fee (\$)	Fee (\$)
50	25
200	100
360	180

Multiple Dependent Claims Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<i>Douglas A. Collier</i>	Registration No. (Attorney/Agent) 43,556	Telephone 317-836-4341
Name (Print/Type)	Douglas A. Collier		Date September 14, 2006

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